## **FEC** FORM 1

1503 - 130 - 3374

## STATEMENT OF **ORGANIZATION**

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4. IS THIS STATEMENT	r 🄀 NE	W (N) OR	AMENDED (A)		
I certify that I have exami	ined this Stater	ment and to the bes	t of my knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Tre	easµrer	Justin Re	obinson		
•		1		M M	/ P P / Y Y
Signature of Treasurer		Uh	<del>)</del>	Date 12	1.6 2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY: CHANGE: IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)